

FILED SEP 26 1955

# THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. **29272**

BIRTH NO. _____		REG. DIST. NO. <u>72</u>		PRIMARY REG. DIST. NO. <u>4130</u>		Registrar's No. <u>67</u>	
1. PLACE OF DEATH a. COUNTY <u>Platte</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Platte</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Birmingham</u>		c. LENGTH OF STAY (in this place) <u>LIFE</u>		c. CITY OR TOWN <u>Birmingham</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home</u>				e. STREET ADDRESS (If rural, give location) <u>home</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>SERENA</u>		b. (Middle) <u>BERYL</u>		c. (Last) <u>FARISS</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Sept-7-55</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Oct. 23-1892</u>	
9. AGE (In years last birthday) <u>62</u>		10. MONTHS <u>10</u>		11. DAYS <u>14</u>		12. HOURS <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>✓</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Birmingham Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>John Plummer</u>				13b. MOTHER'S MAIDEN NAME <u>Frances Cooper</u>		13c. NAME OF HUSBAND OR WIFE <u>John C. Fariss</u>	
14. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		15. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Dollie Carroll Birmingham Mo</u>			
16. ADDRESS <u>Birmingham Mo</u>		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.					
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH <u>90 min</u>	
ANTECEDENT CAUSES		DUE TO (b) <u>Hypertension</u>					
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) <u>Generalized Arteriosclerosis</u>					
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>331X</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Jan</u> , 19 <u>50</u> , to <u>Sept</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>Sept 25</u> , 19 <u>55</u> , and that death occurred at <u>9:25 PM</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Marjorie Longhues</u>		(Typed name and title)		23b. ADDRESS <u>1000000</u>		23c. DATE SIGNED <u>9-9-55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Sept 10-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Greenview</u>		24d. LOCATION (City, town, or county) (State) <u>Liberty Mo.</u>	
DATE REC'D BY LOCAL REG. <u>9-10-55</u>		REGISTRAR'S SIGNATURE <u>Marjorie Longhues</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>James - Owen Co. Liberty Mo</u>		ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD



OCT 27 1955

NOV 1 1955

SEP 26 1955

### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *John Lombard*

Licensed Embalmer No. *444*

P. O. Address *Liberty*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.